

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 7, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT Codes 99213 and 99213-MP for dates of service April 9, 2002 through May 24, 2002.

## **II. RATIONALE**

- CPT Code 99213 for dates of Service 04/09/02 and 04/10/02 denied as “N – Not appropriately documented”. Per Commission Rule 133.305(e)(1)(D) requestor did not submit relevant information to support delivery of services. Reimbursement is not recommended.
- CPT Code 99213-MP for dates of service 04/14/02 through 05-24-02 denied as “N – Not appropriately documented”. Per Commission Rule 133.305(e)(1)(D) requestor did not submit relevant information to support delivery of services. Reimbursement is not recommended.

## **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT codes 99213 and 99213-MP.

The above Findings and Decision is hereby issued this 15th day of April 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf